

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL

Attorney's Docket No: A-378CIP2C3

Serial No.	Filing Date	Examiner	Group Art Unit
09/718,725	November 22, 2000	DeBerry, Regina M.	1647

In Re Application of BOYLE et al.

For Osteoprotegerin

TO THE COMMISSIONER FOR PATENTS:

- Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):
- One month of original due date (\$130.00)
 - Two months of original due date (\$490.00)
 - Three months of original due date (\$1,110.00)
 - Four months of original due date (\$1,730.00)
 - Five months of original due date (\$2,350.00)
- A response in connection with the matter for which this extension is requested:
- is filed herewith.
 - has been filed.
 - The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.
- The accompanying papers include amended claims for which no additional fee is required.
- The accompanying papers include amended claims the fee for which has been calculated as follows:

CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	32	Minus	64 =	0	x \$52	= \$ 0.00
Indep. Claims	3	Minus	11 =	0	x \$220	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$390	= \$ 0.00
Total Additional Fee for this Amendment						\$ 0.00

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

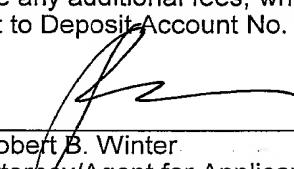
- The following other fees are incurred by the accompanying papers.

Other: _____

- Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$130.00. A duplicate copy of this petition is attached.
- If an additional extension of time is required, please consider this a request therefore.
- The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:**21069**

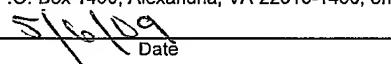
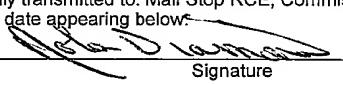
U.S. Patent Operations/RBW
 Dept. 4300, M/S 28-2-C
 AMGEN INC.
 One Amgen Center Drive
 Thousand Oaks, California 91320-1799, USA

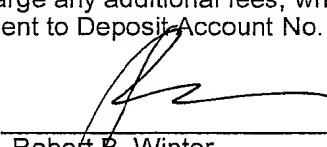


Robert B. Winter
 Attorney/Agent for Applicant(s)
 Registration No.: 34,458
 Phone: (805) 447-2425
 Date: May 6, 2009

CERTIFICATE OF ELECTRONIC SUBMISSION

I hereby certify that this correspondence is being electronically transmitted to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below:

 Date Signature

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: A-378CIP2C3		
Serial No. 09/718,725	Filing Date November 22, 2000		Examiner DeBerry, Regina M.	Group Art Unit 1647		
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<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____						
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<u>Please Send Future Correspondence To:</u> 21069						
U.S. Patent Operations/RBW Dept. 4300, M/S 28-2-C AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799, USA				 Robert B. Winter Attorney/Agent for Applicant(s) Registration No.: 34,458 Phone: (805) 447-2425 Date: May 6, 2009		

CERTIFICATE OF ELECTRONIC SUBMISSION

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5/6/09
Date

R. B. Winter
Signature